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ORIGINAL ARTICLE

Experiences of Being Bullied and the Quality of Life of Transgender Women in Chiang Mai Province, Thailand

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Abstract

Purpose: The objective of this study is to identify factors associated with depression and the quality of life of Thai transgender women (TGW) from Chiang Mai province, Thailand, who have experienced being bullied.

Methods: We conducted the study on TGW ≥18 years of age in Chiang Mai province, Thailand, from May to November 2020. Data were collected using self-reporting questionnaires at the MPlus Chiang Mai foundation. Binary logistic regression analysis was used to examine the association between potential factors associated with depression and quality of life.

Results: Of the 205 TGW individuals who participated in this study with a median age of 24 years, most were students (43.3%), and the most common type of bullying was verbal (30.9%). The prevalence of depression among the TGW participants was 30.1%, although most of the participants had a good overall quality of life (53.4%). The impacts of being physically bullied at primary or secondary school and experiencing cyberbullying at primary school were associated with a higher risk of depression. The impacts of being cyberbullied within the previous 6 months and physically bullied at primary or secondary school were associated with a fair quality of life.

Conclusion: Our results show that many TGW had experienced bullying in their childhood and within the previous 6 months. Screening for experiences of having been bullied and psychological problems might be advantageous for the wellbeing of TGW, while counseling programs or psychotherapy should be provided for those who have experienced bullying to mitigate depression and improve their quality of life.

Keywords: bullying; depression; LGBT; transgender women; quality of life

Introduction

Bullying is generally defined as repeated negative behavior by one or more perpetrators, although cases involving two children with similar physical and psychological strength are excluded.[1] This definition applies to aggressive behavior inflicted by a more powerful individual or group against a less powerful one,[2,3] and it comes in the forms of direct bullying (physical, verbal, social, and sexual aspects) or indirect bullying (through online platforms such as social media or telephone calls; otherwise known as cyberbullying).

These various aspects of bullying comprise a common and serious issue that occurs among children and teenagers in various settings, but especially at school.[4] The United Nations Educational, Scientific, and Cultural Organization previously reported that

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one in three students (32%) has been bullied by his/her peers at school,[5] with the specific prevalence in Asia being to this (30.3%).

Bullying can lead to victims suffering from behavioral, emotional, and social problems, including a higher risk of substance abuse[6] and psychiatric disorders such as anxiety,[7,8] depression,[9,10] and suicidal ideation.[11–14] Bullying victimization during adolescence not only exerts short-term consequences but also has the delayed effects of causing anxiety and depression.[15,16] Furthermore, these mental health problems together with the experiences of being bullied result in long-term effects such as poor quality of life,[17–21] which is a broad multidimensional concept that usually includes subjective evaluations of both the positive and negative aspects of life.[22]

Transgender and gender-diverse people have a higher risk of being bullied due to their gender identification, gender expression, sexual orientation, and body appearance.[23–25] In addition, there is a growing body of evidence supporting that all kinds of bullying are associated with depression, nonsuicidal self-injury, and suicidal ideation in lesbian, gay, bisexual, and transgender (LGBT) individuals.[26–28] The aforementioned relationship between bullying and depression has been widely associated with stigmatization and discrimination.[26,29] Thus, the experiences of being bullied are considered to be a gateway for psychological problems, psychiatric disorders, and a poor quality of life.

Different experiences of being bullied have been reported to cause a variety of mental health problems. The common types of bullying that people with gender diversity face are verbal and physical harassment, which causes a higher prevalence of depression and suicidal ideation among these individuals compared with the general population.[30] The experience of most types of bullying during adolescence is related to a high risk of depression[9] and suicidal ideation.[31] Experiences of bullying from a classmate or teacher are significantly associated with suicidal ideation in Chinese transgender and gender nonbinary adolescents.[4]

In Thailand, the prevalence of being bullied among students has increased during the past few years (27.8% in 2008 to 29.3% in 2015).[32,33] The findings from a study by Mahidol University and Plan International Thailand in five provinces of Thailand reveal that 55.7% of self-identified LGBT students reported having been bullied because of their gender identification.[34] Do et al. studied the social violence experiences of students in Bangkok and all regions of Thailand and found that LGBT individuals were more likely to experience it than students who did not identify as such.[24] Moreover, transgender women (TGW) in Thailand experience a higher degree of harassment, violence, and bullying than other groups.[35]

Although previous findings suggest the presence of delayed effects of bullying victimization and depressive symptoms in adolescents together with a higher rate of experiences of being bullied in people with gender diversity (especially TGW), researchers have rarely investigated the different psychological impacts associated with the variety of experiences of being bullied. The objective of the present study is to identify factors associated with depression and the quality of life of Thai TGW in Chiang Mai province, Thailand, who have experienced being bullied. The majority of the factors focused on in this study are to do with a previous history of having been bullied since this was considered to be an important portal to mental health problems.

Methods

Participants and setting

A cross-sectional observational study was conducted from May to November 2020. The data were drawn from TGW with experiences of being bullied who lived in Chiang Mai province, Thailand, and were ≥18 years of age at the date of data collection. In addition, all participants gave consent after having been informed about the aim of the survey as well as their right to refuse to participate. Questionnaires were distributed by the Mplus Foundation in Chiang Mai, and the participants who completed the self-reporting questionnaires were anonymized. The study information was revalidated before being compiled and used for statistical analysis.

The MPlus medical technology clinic is an organization established in 2011 working on HIV prevention among men who have sex with men, TGW, and sex workers that is funded by the U.S. Agency for International Development (USAID) and managed by FHI 360 and the National Health Security Office (NHSO). Moreover, MPlus is a community-based organization that provides a complete range of HIV services in Thailand, including the establishment of medical technology clinics that offer free laboratory testing for HIV, syphilis, and other sexually transmitted infections; sexual health counseling; and community outreach in Chiang Mai.

Data collection and measurements

The questionnaire used in this study consists of demographic characteristics, including age, birth-assigned

gender, self-identified gender, the number of siblings, relationship status of the parents, educational level, occupation, income, debt status, relationship status, feminizing hormone use, sex reassignment surgery, age at surgery, persons in the family suffering from depression, experience of being bullied, impact of having been bullied, depression assessment, and quality of life assessment.

Experiences of being bullied within the previous 6 months and during two educational stages, primary and secondary/high school, were evaluated using a questionnaire modified from a retrospective bullying questionnaire that yielded good test/retest reliability for victimization measurement ($r = 0.88$ for primary school and $r = 0.87$ for secondary school).[36] This scale has been used in several surveys involving experiences of being bullied among young adults and adults who identified as cisgender people, transgender people, or non-cisgender people.[37–41]

In this study, bullying was classified into five aspects, including physically bullying (the use of physical force), verbal bullying (harmful oral or written communication), social bullying (behavior intended to harm reputations and relationships), cyberbullying (bullying through technology or the Internet), and sexual harassment (gender harassment, unwanted sexual attention, and sexual coercion).[26] The definition of each aspect of bullying was clarified for the participants before filling in the questionnaire. Physical bullying, verbal bullying, and social bullying were measured using a five-point rating scale ("never been bullied," "1–2 times/semester," "1–2 times/month," "1–2 times/week," and "almost every day").[36]

Although cyberbullying and sexual harassment have not been addressed in previous studies through this scale, we nevertheless applied it to measure these aspects. In addition, the impact of having been bullied on an individual's perception was measured using a self-reporting questionnaire with a five-point rating scale ("never been bullied," "no impact," "low impact," "moderate impact," and "high impact").

The participants were evaluated for depression severity using the Patient Health Questionnaire-9 (PHQ-9) that includes 9 items with a score range from 0 to 27 points. The severity of depression was defined as none (< 7 points), mild (7–12 points), moderate (13–18 points), and severe (≥ 19 points).[42] The participants with at least mild depression were considered to be depressed.

The participants were also evaluated for their quality of life using the abbreviated Thai version of the WHO Quality of Life Questionnaire (WHOQOL-BREF-THAI).[43] This measurement tool includes 26 items in 5 categories: physical health, psychological health, social relationships, and environmental aspects. The score for the overall quality of life ranges from 26 to 130 points: 26–60, 61–95, or 96–130 points were defined as having a poor, fair, or good quality of life, respectively.

Ethics approval and participation consent

This study received ethics approval from the Ethics Committees, Faculty of Medicine, Chiang Mai University (REC No. 171/2020).

Sample size

The sample size was calculated based on the following formula developed by Daniel[44] to find the minimum number of participants required for the study when the size of the study population is unknown. Since there have not been any studies on the link between TGW's experiences of having been bullied and depression in Thailand, the sample size was calculated for maximum variability according to the conservative approach as follows:

$$n = [Z^2{}_{\alpha/2}P(1-P)]/e^2,$$

where n is the required sample size. For $\alpha = 0.05$, Z was set as 1.96, and P (the prevalence of experiences of having been bullied) was assumed to be 0.5 according to the conservative approach, and thus $1-P$ was 0.5. The accepted error in this study was set as $e = 0.07$, and the confidence interval (CI) was 95%. Thus, at least 196 participants were required for this study.

Statistical analyses

The participants' demographic characteristics, experience of being bullied, impact of having been bullied, depression, and quality-of-life results are presented as medians and interquartile ranges (IQRs) for continuous variables and as frequencies and percentages for categorical variables.

Binary logistic regression analysis was used to examine the association between factors potentially associated with depression and the quality of life. Factors with p-value < 0.200 in the univariable analysis were included in the multivariable analysis through backward elimination.[45] All analyses were performed using Stata version 16.

Table 1. Characteristics of the Transgender Women Study Population ($n = 205$)

Characteristic	*n* (%) or median [IQR]
Age, years	24 [20–28]
<20	30 (15.5)
20–24	80 (41.2)
25–29	46 (23.7)
≥30	38 (19.6)
N/A	11
Number of siblings	
Only child	79 (40.3)
Two	80 (40.8)
More than two	37 (18.9)
N/A	9
Relationship status of parents	
Living together	133 (67.9)
Separated or divorced	41 (20.9)
Widowed	22 (11.2)
N/A	9
Raised by	
Father and mother	128 (63.7)
Father	23 (11.4)
Mother	28 (13.9)
Other (e.g., grandparent, sister/brother, uncle/aunt)	22 (11.0)
N/A	4
Highest educational level	
Uneducated/primary school	13 (6.5)
Secondary school	62 (31.0)
Diploma degree	37 (18.5)
Bachelor's degree or higher	88 (44.0)
N/A	5
Occupation	
Student	87 (43.3)
Personal business/freelance	46 (22.9)
General contractor	35 (17.4)
Government/state enterprise/ company employee	20 (9.9)
Unemployed	13 (6.5)
N/A	4
Income per month, baht	
<5,000	64 (32.2)
5,000–15,000	86 (43.2)
15,001–25,000	40 (20.1)
>25,000	9 (4.5)
N/A	6
Relationship status	
No	105 (52.2)
Yes	96 (47.8)
N/A	4
Presented as women	
Never	11 (5.5)
Sometimes	52 (25.9)
Always	138 (68.6)
N/A	4
Feminizing hormone use	
Never	22 (11.0)
Always	80 (40.0)
Used	98 (49.0)
N/A	5
Gender reassignment surgery	
No	188 (94.0)
Yes	12 (6.0)
N/A	5
Age at surgery, years	24 [22.5–25.0]
Family member suffering from depression	
No	180 (89.6)
Yes	21 (10.4)
N/A	4

IQR, interquartile range; *n*, frequency; N/A, no response.

Results

Of 205 TGW individuals who participated in this cross-sectional study with a median age of 24 years (IQR: 20–28), most were students (43.3%), had a bachelor's degree or higher (44%), had an income of 5,000–15,000 baht per month (43.2%), and had been raised by a father and mother (63.7%). Almost half of them were in a relationship with someone (47.8%).

Table 2. Being Bullied Experiences Within the Previous 6 Months ($n = 205$)

Variable	*n* (%)
Experienced bullying within the previous 6 months	
No	127 (63.2)
Yes	74 (36.8)
N/A	4
Physically bullied	
No	191 (95.0)
Yes	10 (5.0)
N/A	4
Verbally bullied	
No	139 (69.15)
Yes	62 (30.85)
N/A	4
Socially bullied	
No	176 (87.6)
Yes	25 (12.4)
N/A	4
Cyberbullied	
No	183 (91.0)
Yes	18 (9.0)
N/A	4
Sexually harassed	
No	194 (96.5)
Yes	7 (3.5)
N/A	4
Frequency of being bullied	
Never	127 (63.2)
1–2 times	48 (23.9)
3–4 times	22 (10.9)
More than once per week	4 (2.0)
N/A	4
Impact of having been bullied	
Never	127 (63.2)
No impact	1 (0.5)
Low	42 (20.9)
Moderate	8 (4.0)
High	23 (11.4)
N/A	4

Table 3. Being Bullied Experiences During Childhood ($n = 205$)

Variable	Primary school, *n* (%)	Secondary school, *n* (%)
Experienced bullying		
No	11 (5.4)	10 (4.9)
Yes	192 (94.6)	193 (95.1)
N/A	2	2
Physically bullied		
No	69 (34.0)	61 (30.0)
Yes	134 (66.0)	142 (70.0)
N/A	2	2
Frequency of being physically bullied		
Never	67 (33.2)	60 (29.7)
1–2 times/semester	88 (43.5)	96 (47.5)
1–2 times/month	38 (18.8)	40 (19.8)
1–2 times/week	7 (3.5)	6 (3.0)
Almost every day	2 (1.0)	0 (0)
N/A	3	3
Impact of having been physically bullied		
Never	67 (33.3)	59 (29.7)
No impact	28 (13.9)	69 (34.7)
Low	52 (25.9)	25 (12.6)
Moderate	28 (13.9)	21 (10.6)
High	26 (13.0)	25 (12.6)
N/A	4	
Verbally bullied		
No	26 (12.8)	23 (11.3)
Yes	177 (87.2)	180 (88.7)
N/A	2	2
Frequency of being verbal bullied		
Never	26 (12.8)	23 (11.3)
1–2 times/semester	88 (43.3)	86 (42.4)
1–2 times/month	45 (22.2)	55 (27.1)
1–2 times/week	29 (14.3)	23 (11.3)
Almost every day	15 (7.4)	16 (7.9)
N/A	2	2
Impact of having been verbally bullied		
Never	26 (12.9)	23 (11.3)
No impact	24 (11.9)	25 (12.3)
Low	76 (37.6)	70 (34.5)
Moderate	31 (15.4)	37 (18.2)
High	45 (22.3)	48 (23.7)
N/A	3	2
Socially bullied		
No	65 (32.0)	49 (24.1)
Yes	138 (68.0)	154 (75.9)
N/A	2	2
Frequency of being socially bullied		
Never	65 (32.2)	48 (23.7)
1–2 times/semester	89 (44.0)	123 (60.9)
1–2 times/month	39 (19.3)	24 (11.9)
1–2 times/week	7 (3.5)	6 (3.0)
Almost every day	2 (1.0)	1 (0.5)
N/A	3	3
Impact of having been socially bullied		
Never	67 (34.6)	48 (24.0)
No impact	27 (13.9)	31 (15.5)
Low	39 (20.1)	64 (32.0)
Moderate	27 (13.9)	28 (14.0)
High	34 (17.5)	29 (14.5)
N/A	11	5
Cyberbullied		
No	119 (58.6)	78 (38.4)
Yes	84 (41.4)	125 (61.6)
N/A	2	2
Frequency of being cyberbullied		
Never	117 (57.9)	78 (38.4)
1–2 times/semester	48 (23.8)	84 (41.4)
1–2 times/month	32 (15.8)	36 (17.7)
1–2 times/week	5 (2.5)	5 (2.5)
Almost every day	0 (0)	0 (0)
N/A	3	2
Impact of having been cyberbullied		
Never	118 (58.7)	78 (38.8)
No impact	30 (14.9)	45 (22.4)
Low	16 (8.0)	32 (15.9)
Moderate	15 (7.4)	16 (8.0)
High	22 (11.0)	30 (14.9)
N/A	4	4
Sexually harassed		
No	112 (55.2)	71 (35.0)
Yes	91 (44.8)	132 (65.0)
N/A	2	2
Frequency of being sexually harassed		
Never	111 (54.7)	71 (35.5)
1–2 times/semester	62 (30.5)	84 (42.0)
1–2 times/months	25 (12.3)	40 (20.0)
1–2 times/weeks	3 (1.5)	4 (2.0)
Almost every day	2 (1.0)	1 (0.5)
N/A	2	5
Impact of having been sexually harassed		
Never	111 (54.7)	71 (35.1)
No impact	30 (14.8)	30 (14.8)
Low	27 (13.3)	49 (24.3)
Moderate	21 (10.3)	28 (13.9)
High	14 (6.9)	24 (11.9)
N/A	2	3

According to gender identity and day-to-day living, most participants always presented as women (68.6%), used feminizing hormones (89%), and had not undergone gender reassignment surgery (94%). Of the 12 participants who had undergone gender reassignment surgery, the median age at the time of surgery was 24 years (22.5–25.0). Twenty-one participants (10.4%) reported that at least one family member suffered from depression (Table 1).

One in three participants (36.8%) reported that they had experienced bullying within the previous 6 months. The most common type of bullying was verbal (30.9%), followed by social (12.4%) and cyberbullying (9%). Only a few participants had experienced physical bullying (5%) and sexual harassment (3.5%). Twenty-three participants (11.4%) reported that bullying had had a high impact on their lives (Table 2).

The majority of participants reported having experienced bullying at primary school (94.6%) and secondary school (95.1%). There was a higher rate of physical bullying (70% vs. 66%), verbal bullying (88.7% vs. 87.2%), social bullying (75.9% vs. 68%), cyberbullying (61.6% vs. 41.4%), and sexual harassment (65% vs. 44.8%) at secondary school compared with primary school. Cyberbullying (14.9% vs. 11%) and sexual harassment (11.9% vs. 6.9%) were more prevalent at secondary school than at primary school (Table 3).

The prevalence of depression among TGW participants was 30.1%, including 30 (15.1%) with mild depression, 26 (13%) with moderate depression, and 4 (2%) with severe depression. Most of the participants had a good overall quality of life (53.4%). The quality of life was lower than the fair level for the physical health aspect (21.1% vs. 79.2%) but higher for the other aspects. Poor quality of life was observed for the psychological (2%), social relationship (2%), and environmental (1.5%) aspects (Table 4).

Table 4. Depression and Quality of Life Among the Participants ($n = 205$)

Variable	*n* (%)
Depression severity	
None (≤7)	139 (69.9)
Mild (7–12)	30 (15.1)
Moderate (13–18)	26 (13.0)
Severe (≥19)	4 (2.0)
N/A	6
Overall QoL	
Good (96–130)	109 (53.4)
Fair (61–95)	95 (46.6)
Poor (≤60)	0 (0)
N/A	1
Physical health	
Good (27–35)	46 (21.1)
Fair (17–26)	161 (79.2)
Poor (≤16)	0 (0)
N/A	1
Psychological health	
Good (23–30)	102 (50.0)
Fair (15–22)	98 (48.0)
Poor (≤14)	4 (2.0)
N/A	1
Social relationships	
Good (12–15)	110 (53.9)
Fair (8–11)	90 (44.1)
Poor (≤7)	4 (2.0)
N/A	1
Environmental	
Good (30–40)	124 (60.8)
Fair (19–29)	77 (37.7)
Poor (≤18)	3 (1.5)
N/A	1

QoL, quality of life.

Participants who had experienced all aspects of bullying at primary school were the most likely to be depressed (13/37 [35.1%]), followed by those who had experienced physical, verbal, and social bullying, as well as sexual harassment (6/22 [27.3%]), and those who had experienced physical, verbal, and social bullying, along with cyberbullying (10/20 [50%]) (Fig. 1). At secondary school, the participants who had experienced all aspects of bullying were the most likely to be depressed (17/70 [24.3%]), followed by those who had experienced physical, verbal, and social bullying, as well as cyberbullying (8/24 [33.3%]), and those who had experienced physical, verbal, and social bullying, along with sexual harassment (5/25 [20%]) (Fig. 2).

According to the multivariable binary logistic regression analysis (Table 5), there are three significant factors associated with depression among TGW, including (i) a low-to-moderate impact of exposure to physical bullying at primary school (adjusted odds ratio [aOR] = 7.01; 95% CI = 2.64–18.57), (ii) a low-to-moderate impact of exposure to physical bullying at secondary school (aOR = 2.87; 95% CI = 1.17–7.01), and (iii) exposure to cyberbullying at primary school (aOR = 3.73; 95% CI = 1.70–8.19). However, exposure to verbal bullying at secondary school associated with a lower risk of depression (aOR = 0.10; 95% CI = 0.03–0.33) compared with those who had never exposed.

For the quality of life, we focused on comparing the participants with a fair or good overall quality of life because none of the participants reported having a low quality of life in the study. Factors associated with a fair quality of life were a high impact of having been bullied within the previous 6 months (aOR = 4.36; 95% CI = 1.29–14.76), a low-to-moderate impact of having been physically bullied at primary school (aOR = 5.06; 95% CI = 2.38–10.79), and a low-to-moderate impact (aOR = 2.55; 95% CI = 1.10–5.91) and high impact (aOR = 5.80; 95% CI = 1.47–22.91) of having been physically bullied at secondary school (Table 6).

Discussion

In this cross-sectional study of TGW, it was found that most of them had experienced bullying in their childhood and within the previous 6 months. Surprisingly, our findings reveal that over 94% of TGW participants had experienced being bullied when they were in primary and secondary school, approximately three quarters had experienced all types of bullying behavior covered in this study (physical, verbal, and social bullying, as well as cyberbullying and sexual harassment).

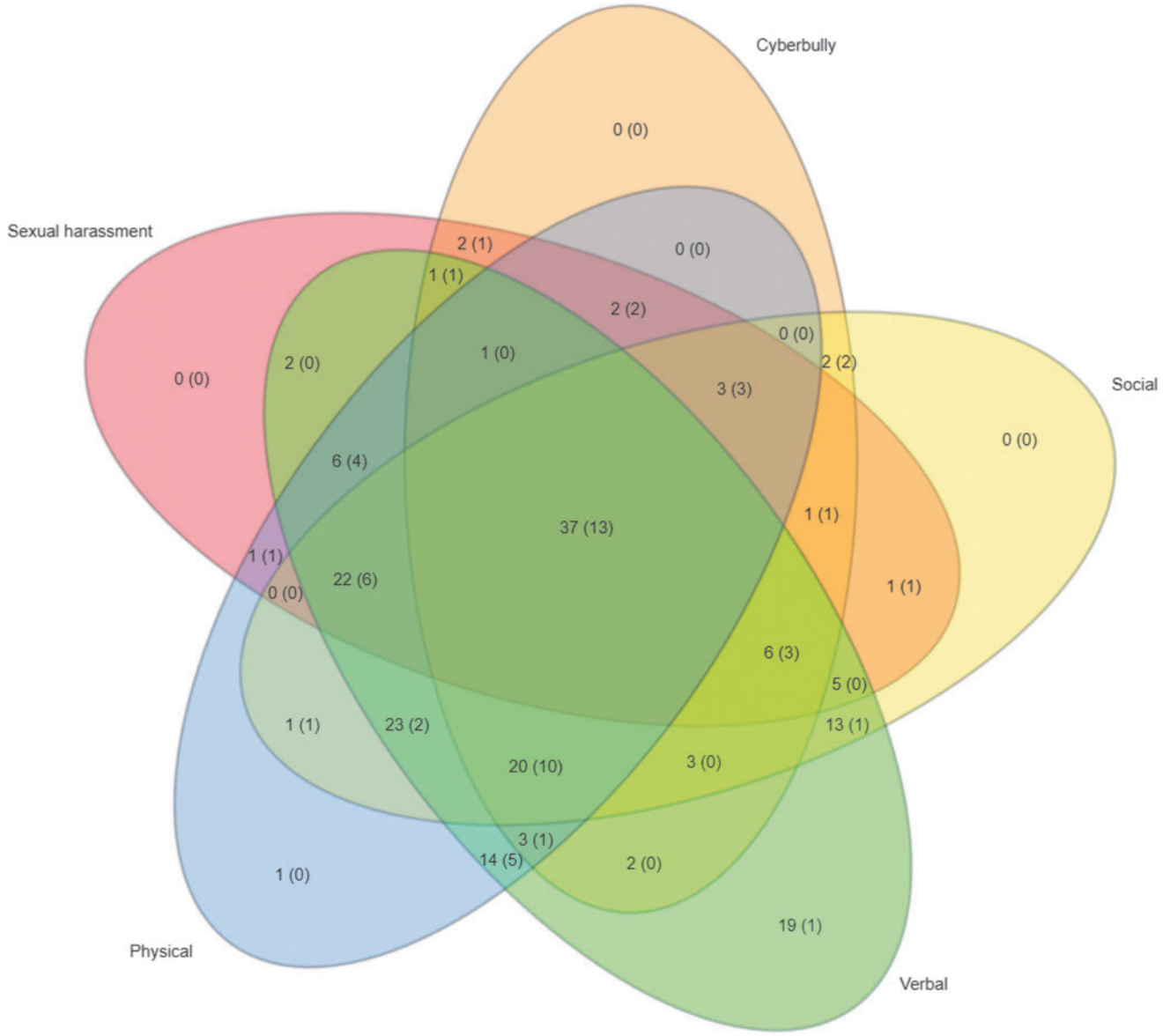

FIG. 1. The number of participants who had been bullied at primary school (*N*) and had depression (*n*): *N*(*n*).

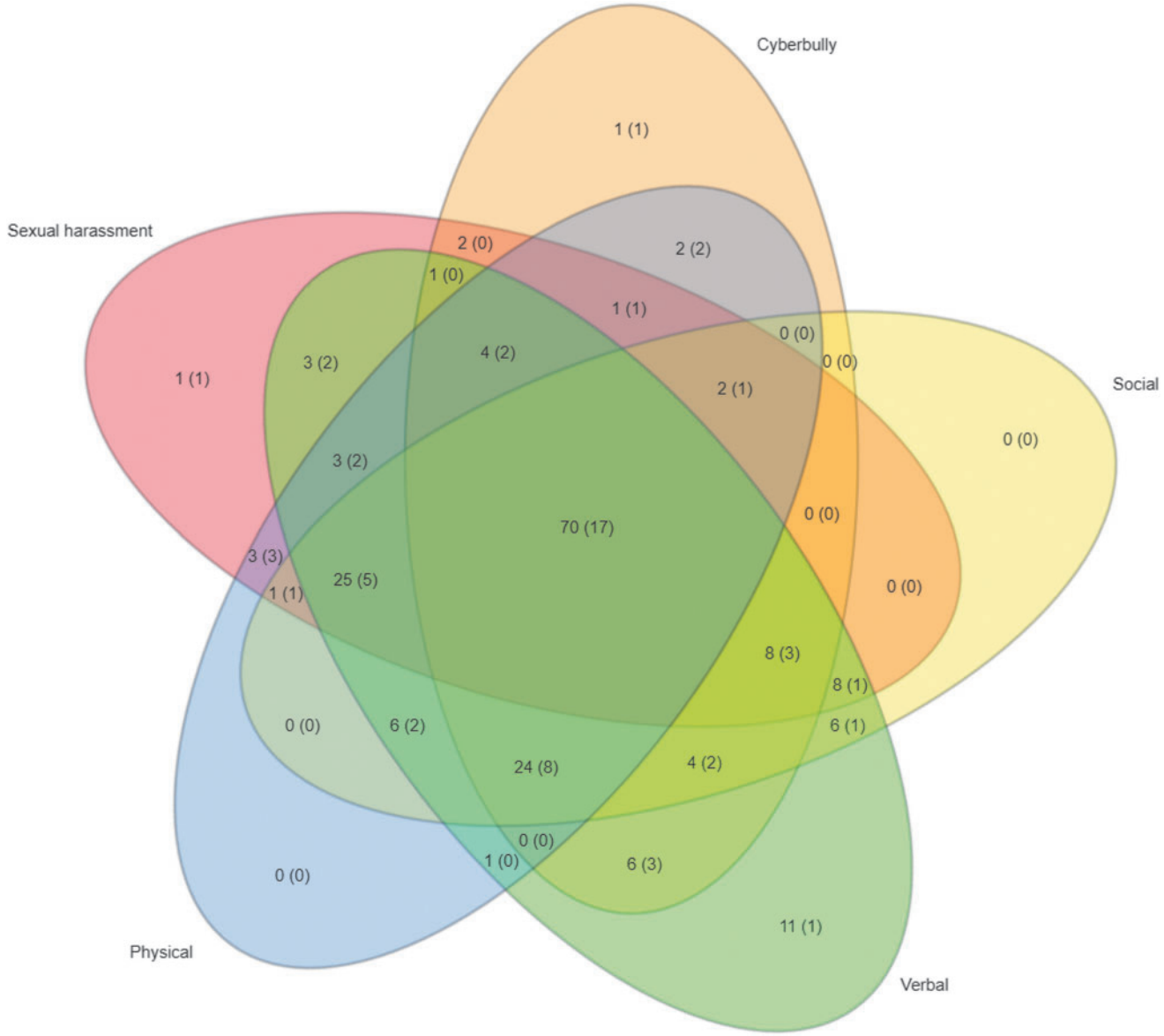

FIG. 2. The number of participants who had been bullied at secondary school (*N*) and had depression (*n*): *N*(*n*).

Table 5. Factors Associated with Depression Using Binary Logistic Regression

	Depression[a]			Univariable analysis			Multivariable analysis		
Variable	*n*	*N*	%	cOR	95% CI of OR	*p*	aOR	95% CI of OR	*p*
Relationship with someone						0.083			
No (ref.)	36	101	35.6	1.73	0.93–3.23		-	-	-
Yes	23	95	24.2	1.00			-	-	-
Person in family suffering from depression						0.046			
No (ref.)	49	176	27.8	1.00			-	-	-
Yes	10	20	50.0	2.59	1.02–6.61		-	-	-
Frequency of being bullied within the previous 6 months						0.031			
Never (ref.)	35	126	27.8	1.00			-	-	-
1–2 times	10	45	22.2	0.74	0.33–1.66		-	-	-
More than 2 times	13	25	52.0	2.82	1.17–6.76		-	-	-
Impact of having been bullied within the previous 6 months						0.079			
Never/no impact (ref.)	36	127	28.4	1.00			-	-	-
Low or moderate	11	47	23.4	0.77	0.35–1.68		-	-	-
High	11	22	50.0	2.53	1.01–6.35		-	-	-
Physically bullied at primary school						0.006			
No (ref.)	12	68	17.7	1.00			-	-	-
Yes	48	130	36.9	2.73	1.33–5.60		-	-	-
Impact of having been physically bullied at primary school						<0.001			<0.001
Never/no impact (ref.)	18	94	19.2	1.00			1.00		
Low or moderate	39	76	51.3	4.45	2.25–8.81		7.01	2.64–18.57	
High	3	26	11.5	0.55	0.15–2.04		0.43	0.07–2.63	
Impact of having been physically bullied at secondary school						<0.001			
Never/no impact (ref.)	28	127	22.1	1.00			1.00		0.049
Low or moderate	23	43	53.5	4.07	1.96–8.45		2.87	1.17–7.01	
High	6	24	25.0	1.178	0.43–3.25		2.95	0.57–15.25	
Verbally bullied at primary school						0.007			<0.001
No (ref.)	14	26	53.9	1.00			1.00		
Yes	46	172	26.7	0.31	0.13–0.73		0.10	0.03–0.33	
Verbal bullied at secondary school						0.057			
No (ref.)	11	23	47.8	1.00			-	-	-
Yes	49	175	28.0	0.42	0.18–1.03		-	-	-
Cyberbullied at primary school						<0.001			0.001
No (ref.)	24	117	20.5	1.00			1.00		
Yes	36	81	44.4	3.10	1.66–5.80		3.73	1.70–8.19	
Impact of having been cyberbullied at secondary school						0.018			
Never/no impact (ref.)	29	120	24.2	1.00			-	-	-
Low or moderate	22	47	46.8	2.76	1.36–5.61		-	-	-
High	8	29	27.6	1.20	0.48–2.99		-	-	-
Sexually harassed at primary school						0.022			
No (ref.)	25	107	23.4	1.00			-	-	-
Yes	35	91	38.5	2.05	1.11–3.79		-	-	-
Impact of having been sexually harassed at primary school						0.004			
Never/no impact (ref.)	31	136	22.8	1.00			-	-	-
Low or moderate	23	48	47.9	3.116	1.56–6.24		-	-	-
High	6	14	42.9	2.54	0.82–7.88		-	-	-

[a]Depression was defined as transgender people with at least a mild level of depression.
95% CI, 95% confidence interval; aOR, adjusted odds ratio; cOR, crude odds ratio; OR, odds ratio; *p*, *p*-value from a Wald test; ref., reference group.

Similarly, the findings from a previous study of transgender people in the United Kingdom also showed that a high proportion (86.5%) had experienced bullying.[46] This outcome emphasizes that bullying is still a concerning social issue that can affect health.[47]

The prevalence of having been bullied experiences categorized by type and the perceived impacts were found to be higher at secondary school compared with primary school. This might be due to differences in the social environment and behavior that change over time, and cyberbullying is an obvious example. To our knowledge, there was no study on TGW to examine the association between age and incidence of cyberbullying. However, a study of Belgian adolescents suggested that the incidence of cyberbullying increases slightly with age.[48] It has also been reported that adolescents who spent a long time on the Internet, had high technological

Table 6. Factors Associated with a Fair Quality of Life Using Binary Logistic regression

	Fair QoL[a]			Univariable analysis			Multivariable analysis		
Variable	***n***	***N***	**%**	**cOR**	**95% CI of OR**	***p***	**aOR**	**95% CI of OR**	***p***
Number of siblings						0.024			
Only child (ref.)	31	79	39.2	1.00					
Two	47	80	58.8	2.21	1.17–4.16		-	-	-
More than two	14	37	37.8	0.94	0.42–2.10		-	-	-
Relationship with someone						0.026			
No	57	105	54.3	1.89	1.08–3.32		-	-	
Yes (ref.)	37	96	38.5	1.00			-	-	-
Person in family suffering from depression						0.060			
No (ref.)	80	180	44.4	1.00			-	-	-
Yes	14	21	66.7	2.50	0.96–6.49		-	-	-
Income per month, baht						0.017			
<5,000	37	64	57.8	2.558	1.32–4.976		-	-	-
5,000–15,000	30	86	34.9	1.00			-	-	-
More than 15,000 (ref.)	25	49	51.0	1.94	0.95–3.97		-	-	-
Verbally bullied within the previous 6 months						0.054			
No (ref.)	58	139	41.7	1.00			-	-	-
Yes	35	62	56.5	1.81	0.99–3.31		-	-	-
Impact of having been bullied within the previous 6 months						0.008			0.049
Never/no impact (ref.)	56	128	43.8	1.00			1.00		
Low or moderate	19	50	38.0	0.79	0.40–1.54		1.35	0.59–3.08	
High	18	23	78.3	4.63	1.62–13.23		4.36	1.29–14.76	
Physically bullied at primary school						<0.001			
No (ref.)	20	69	29.0	1.00			-	-	-
Yes	75	134	56.0	3.11	1.67–5.80		-	-	-
Impact of having been physically bullied at primary school						<0.001			<0.001
Never/no impact (ref.)	27	95	28.4	1.00			1.00		
Low or moderate	55	80	68.8	5.54	2.89–10.61		5.06	2.38–10.79	
High	13	26	50.0	2.52	1.04–6.12		0.84	0.22–3.24	
Impact of having been physically bullied at secondary school						<0.001			0.009
Never/no impact (ref.)	44	128	34.4	1.00			1.00		
Low or moderate	32	46	69.6	4.36	2.11–9.02		2.55	1.10–5.91	
High	16	25	64.0	3.39	1.39–8.30		5.80	1.47–22.91	
Impact of having been cyberbullied at primary school						0.005			
Never/no impact (ref.)	62	148	41.9	1.00			-	-	-
Low or moderate	23	31	74.2	3.987	1.67–9.50		-	-	-
High	8	22	36.4	0.79	0.31–2.00		-	-	-
Impact of having been cyberbullied at secondary school						0.022			
Never/no impact (ref.)	48	123	39.0	1.00			-	-	-
Low or moderate	30	48	62.5	2.60	1.31–5.18		-	-	-
High	15	30	50.0	1.56	0.70–3.48		-	-	-
Impact of having been sexually harassed at primary school						0.063			
Never/no impact (ref.)	59	141	41.8	1.00			-	-	-
Low or moderate	26	48	54.2	1.64	0.85–3.17		-	-	-
High	10	14	71.4	3.47	1.04–11.62		-	-	-
Sexually harassed at secondary school						0.047			
No (ref.)	40	71	56.3	1.00			-	-	-
Yes	55	132	41.7	0.55	0.31–0.99		-	-	-

[a]Reference group is transgender people with good overall QoL.
p, *p*-value from a Wald test.

expertise, and owned a computer with privileged online access are more likely to encounter online bullying behavior.[48]

Mental health problems, such as depression, anxiety, and suicidal ideation, have been evidentially linked with social stigma, discrimination, and/or bullying toward transgender people.[49,50] In the present study, we found a 30.1% prevalence of depression among the TGW participants, as well as an association between experiences of having been bullied and their impact on the risk of depression. TGW who had experienced cyberbullying during childhood or a low-to-moderate impact of physical bullying at primary or secondary school had a four-, three-, and seven-fold higher risk of depression, respectively.

Our findings are consistent with a previous systematic review of studies on the mental health of adolescent transgender people from January 2011 to March 2016,[49] which reported that transgender youths have a higher rate of depression (12–64%) than other adolescents. In addition, the findings from a previous study on the determinants of mental health problems among transgender people in the United States also indicate that discrimination or bullying contributed to mental health challenges.[51]

We also found that the impacts of bullying during childhood and within the previous 6 months were significantly associated with a fair quality of life. Relatedly, the results of a previous study on the impact of bullying at school on the health-related quality of life of adolescents indicate that bullies and those being bullied are related to physical and emotional difficulties.[17] The authors also suggest that the experience of being bullied is associated with a poor quality of life in nearly every aspect. Moreover, the findings from a previous study on youths in public schools in the United States indicate that being bullied because of one's perceived sexual orientation as LGBT is associated with a lower quality-of-life score and a higher risk of depression and suicidal ideation.[52]

From our findings, the experience of being bullied has the long-term effects of increasing the likelihood of depression and decreasing the quality of life.[15–21] The clinical implications of our findings highlight the importance of primary and secondary measures for preventing mental illnesses such as depression.

Primary prevention measures should be applied earlier; for instance, intervention at primary and/or secondary school through a combined strategy of classroom rules, lectures addressing bullying, role-playing with bullies/victims/bystanders, providing information to parents, and even applying antibullying laws, all of which have previously been reported to decrease bullying in schools.[53,54] For secondary prevention, screening for bullying, particularly to assess impacts related to psychological well-being and quality of life, might be advantageous in young TGW. Counseling programs or psychotherapy should also be provided for those who have experienced bullying to mitigate depression and improve their quality of life.

Limitations

This study had several limitations. Although the referenced questionnaire was validated for use with young adults[36] and has been used among young adults and adults who identified as cisgender people, transgender people, or non-cisgender people,[37–41] the modified questionnaire was not evaluated for the validity in our settings. We suggest that the measurement should be explicitly validated for use by trans- and gender-diverse youth in future study. Next, the sample size was relatively small and limited to one area in Thailand, which limits the generalization of the results.

In addition, most of the assessments are self-reported. This could lead to social desirability bias and recall bias because the questionnaires were aimed at experiences of being bullied at primary school, secondary school, and within the last 6 months, which could have affected our interpretation of the results. Lastly, as mentioned above, many biological and psychosocial factors were not included in this study. Future models for predicting depression and the quality of life would be more accurate if more predictive factors were included, such as perceived internalized stigma and discrimination from gender diversity.

Conclusion

Physical bullying, cyberbullying, and the impact of experiencing bullying during childhood and within the past 6 months were all found to be associated with a higher risk of depression and a lower quality of life among TGW. Our findings also support that the experiences of being bullied have long-term effects on depression and the quality of life. The clinical implications of our findings highlight the importance of primary and secondary prevention measures for psychological problems.

Early intervention to prevent bullying at school and screening for having been bullied experiences, their impact, and psychological problems might be advantageous for young TGW at primary and secondary school. Counseling programs and/or psychotherapy should also be provided to those who have experienced bullying to mitigate depression and improve their quality of life.

Authors' Contributions

P.S. primary responsibility for the literature search, study design, performed the data analyses, and wrote the first draft of the article.

A.O. contributed to the literature search and reviewing of the article.

Natt.M. coordinated the operations and collected the data.

B.M. contributed to the literature search and reviewing of the article.

N.M. contributed to the literature search and reviewing of the article.

P.W. contributed to the literature search and reviewing of the article.

P.C. contributed to the literature search and reviewing of the article.

S.K. contributed to the literature search and reviewing of the article.

N.H. contributed in performing the data analyses and reviewing of the article.

P.T. contributed to the study design, literature search and wrote the first draft of the article.

All authors contributed to the final version of the article.

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Abbreviations Used

aOR = adjusted odds ratio
CI = confidence interval
cOR = crude odds ratio
IQRs = interquartile ranges
NHSO = National Health Security Office
PHQ-9 = Patient Health Questionnaire-9
QoL = quality of life
ref. = reference group
TGW = transgender women
USAID = U.S. Agency for International Development